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Empathy and Stereotype Accuracy of Rehabilitation Counselors as Related to Education and Experience[1]

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ABSTRACT

Empathy and stereotype accuracy of rehabilitation counselors attempting to predict client responses on a problem inventory were studied. Results showed that all subject groups, pre-counselor through experienced counselor, with and without master's degrees, were able to make empathic and stereotype predictions at a level significantly better than chance, although relative accuracy was not demonstrated to increase significantly and directly as a function of either education or experience. Graduate counseling students were more accurate than either non-graduate students or novice counselors. As counselors became more experienced, their understanding of problems typically experienced by clients with certain disabilities improved, but their ability to be sensitive to the problems reported by specific clients decreased. As counselors gained experience, they tended increasingly to perceive their clients as some stereotyped "typical" client.

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Empathy and Stereotype Accuracy of Rehabilitation Counselors as Related to Education and Experience

The quality of human relationships is dependent on the ability to accurately perceive the messages directed between individuals. While a major research concern in assessing the accuracy of interpersonal perception has focused on one component, empathic understanding, another component should also be considered, stereotype accuracy, the accuracy with which we perceive categories of individuals. As Gage and Cronbach (1955) noted, social perception is a process dominated far more by what the perceiver brings to a situation, his stereotypes, than by what he incorporates during it.

Empathy, as traditionally measured in counseling and psychotherapy research, is a multi-dimensional construct (Greenberg, Kagan, and Bowes, 1969; Walker and Little, 1969). Tests which purport to measure empathy rather consistently fail to correlate positively, much less significantly with each other (Katz, 1962; Astin, 1967; Caracena and Vicory, 1969; Resnikoff, 1972; Kurtz and Grummon, 1972). One reason to explain this lack of consistency between instruments is that they are tapping different aspects or components of interpersonal perception.

Accurate awareness of the client's perception of the impact of disability is a prerequisite for effective counseling. Wright et al. (1968) noted that a large sample of rehabilitation counselors reported that they felt imposition of their presumably inaccurate stereotypes concerning characteristics of their clients greatly impeded

the delivery of effective rehabilitation services; more even than problems directly related to the client, agency, or community. While such findings suggest that the use of stereotype thinking is an anathema to good counseling, Scheff (1966) has identified several values of stereotype thinking, along with warnings. He proposed that stereotypes may be good and useful as conceptual packages if they are accurate and not relied on excessively.

In the model of the interpersonal perception process developed for use in this study, stereotype thinking is considered to be the first step, followed by empathic perception, in the process of developing accurate understanding of a client. Optimal understanding may be obtained only when fairly accurate stereotypes are employed, and are supplemented by accurate empathic sensitivity. If the stereotype is relatively inaccurate, it will be difficult or impossible to adjust the perception sufficiently by means of empathic understanding to produce as the end product an accurate perception of the client.

The purpose of this investigation was to examine how empathic understanding and stereotype accuracy vary as functions of level of education and experience among groups of rehabilitation counselors. Education and experience have been assumed traditionally to be associated with level of competence. Positions of greater authority, as well as responsibility for the training of future counselors, are regularly assigned to individuals on the basis of educational achievement and years of experience.

The following hypotheses were proposed:

1. Rehabilitation counselors with a master's degree would be more accurate in their empathic and stereotype pre-

dictions of clients' problems than counselors with comparable experience who did not have the master's degree.

2. Rehabilitation counselors with more years of experience would be more accurate in their empathic and stereotype predictions of clients' problems than counselors with comparable education who had relatively less experience.

METHOD

Seventy-two counselors and individuals who might become counselors were divided into six groups according to levels of education, master's degree in rehabilitation counseling or no master's, and experience, pre-counselor (no experience), novice (two months to two years), or experienced counselor (two years or longer). The subjects' task was two-fold: (1) to predict the actual responses of a "typical hard of hearing client," as they felt the client would feel and report on the Revised Handicap Problems Inventory (Vogelson, 1971); and (2) to predict the actual responses of two specific hard of hearing clients on the problems inventory, for whom detailed case descriptions were provided.

The Revised Handicap Problems Inventory is a modification of the Handicap Problems Inventory (Wright and Remmers, 1960), in which the total number of items was reduced to 70 and the response format expanded to indicate the degree to which each item describes

a problem for an individual ("most serious" to "not a problem," on a four-point scale).

The first part of the counselors' task related to stereotype accuracy. A Spearman rho stereotype accuracy score was computed for each counselor group by comparing the rank-order of severity of counselor subjects' average predictions for the 70 inventory items vs. the rank-order of a criterion group of 29 hard of hearing clients' average responses on the problems inventory.

The second part of the counselors' task related to empathic understanding for two clients (designated $\underline{S}_1$ and $\underline{S}_2$). Spearman rho accuracy scores were computed for each counselor group by comparing the rank-order of the counselors' average predictions for a client vs. the rank-order of that client's average responses on the problems inventory over a three month period.

RESULTS

Counselor groups' average predictions of clients' reported problems, both empathic and stereotype predictions, were all significantly above chance probability. Stereotype predictions were significantly more accurate than either $\underline{S}_1$ or $\underline{S}_2$ empathic predictions for every counselor group.

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Insert Table 1 About Here

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Hypothesis 1, that predictive accuracy, stereotype and empathic, would vary directly as a function of education, with experience held constant between groups, received little support. Only in the case of pre-counselors were differences significant,

and in the direction predicted, between those completing a master's degree vs. those whithout a master's, with regard to both stereotype and empathic predictions.

Hypothesis 2, that predictive accuracy would vary directly as a function of experience, with education held constant between groups, also received little support. While for those groups with master's degrees the experienced counselors were significantly more accurate in their stereotype predictions than the novice counselors, the novice group was significantly less accurate than the pre-counselor group. No other significant differences were found. However, experienced counselors without master's were nonsignificantly more accurate than novice counselors without master's, who in turn were nonsignificantly more accurate than the pre-counselors not getting a master's. With regard to empathic predictions, the only significant difference found was between the pre-counselors getting a master's and novice counselors with master's, for $\underline{S}_1$ only, but in the direction contrary to the prediction. For counselors with the master's degree, empathic accuracy decreased nonsignificantly from novice to experienced groups for both $\underline{S}_1$ and $\underline{S}_2$. For counselors without the master's, nonsignificant changes from novice to experienced groups were mixed, with a decrease in empathic accuracy for $\underline{S}_1$ and an increase for $\underline{S}_2$.

Counselor groups' empathic and stereotype predictions became more similar to one another as a function of increasing experience , for groups with and without master's degrees.

DISCUSSION

The average predictive accuracy of all counselor subject groups (pre-counselor through experienced counselor, with or without master's degree) was significantly better than chance with regard to both empathic and stereotype predictions, and stereotype predictions were invariably more accurate overall than empathic predictions. The relative accuracy of groups was not demonstrated to increase significantly and directly as a function of either education or experience, except for the master's degree students. As predicted, master's degree students were significantly more accurate than non-graduate students, for both stereotype and empathic predictions. Contrary to the prediction, however, the master's students had significantly more accurate stereotype predictions and empathic predictions concerning S_1 than the novice groups with master's.

It was noted that as counselors gained more experience, they tended increasingly to perceive their clients as some stereotyped "typical" client, with a preconceived set of characteristics, rather than as unique individuals. While their stereotype accuracy increased with experience, for those with and without the master's, their empathic sensitivity tended to decrease in accuracy.

Combining the observations about empathic and stereotype accuracy, one might view the relationship between these two components of interpersonal perception as interacting, leading to a final global perception of the client. As counselors become more experienced (and after those completing a graduate program in rehabilitation counseling recover from the apparent shock of

transition into the "real world"), their understanding of problems typically experienced by clients with certain disabilities seems to improve, but their ability to be sensitive to the problems reported (and presumably felt) by specific clients tends to decrease.

One implication of the present study is that training programs aimed at improving counseling students' perceptual flexibility (Bullmer, 1972) and open-mindedness (Hart, 1973)might well be directed at practicing counselors as part of their continuing in-service training. Further, while presently used training methods are effective in elevating the level of graduate students' interpersonal sensitivity, attention must also be directed at helping them make a smooth transition into the work world without the temporary loss of sensitivity noted.

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TABLE 1

EMPATHIC ACCURACY AND STEREOTYPE ACCURACY SCORES OF COUNSELOR SUBJECT GROUPS

Counselor subject Group	Accuracy Score (Spearman rho)		
	Stereotype Accuracy	Empathic Accuracy	
		$\underline{S}_1$	$\underline{S}_2$
Rehabilitation counseling graduate students (n = 15)	.78**	.60**	.37**
Undergraduate seniors (n = 12)	.65**	.45**	.26*
Novice counselors with master's degree (n = 11)	.65**	.45**	.34**
Novice counselors without master's degree (n = 10)	.70**	.44**	.33**
Experienced counselors with master's degree (n = 13)	.80**	.40**	.33**
Experienced counselors without master's degree (n = 11)	.78**	.35**	.43**
Total (N = 72)	.81**	.50**	.39**

* $p < .05$, two-tailed test.
** $p < .01$, two-tailed test